



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

Email Address: sjordan@gshvin.org

Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$215531963
Outpatient Patient Service Revenue	\$463088088
Total Gross Patient Service Revenue	\$678620051

2. Deductions From Revenue

Contractual Allowance	\$371724637
Other Deductions	\$64958326
Total Deductions	\$436682963

3. Total Operating Revenue

Net Patient Service Revenue	\$241937089
Other Operating Revenue	\$6455894
Total Operating Revenue	\$248392983

4. Operating Expenses

Salaries and Wages	\$106210450	Employee Benefits	\$28945130
Depreciation and Amortization	\$19066966	Interest Expense	\$3880107
Bad Debt	\$20815235	Other Expenses	\$84158965
Total Operating Expenses	\$263076853		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-14683870	Total Assets	\$325730367
Net Non-operating Gains over Loss	\$9127250	Total Liabilities	\$143757187

Total Net Gains	\$-5556620
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$350773450	\$225718042	\$125055408
Medicaid	\$102057300	\$65672513	\$36384787
Other Government	\$8437383	\$5429344	\$3008039
Other State	\$4008934	\$2579696	\$1429238
Other Payers	\$213342984	\$137283368	\$76059616
Total	\$678620051	\$436682963	\$241937088

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$431063	\$313567	\$117496

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$638	\$0	\$638

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$55904	\$665657	\$-609753
Hospital Patients	\$0	\$4952	\$-4952
Community Education	\$1901	\$180342	\$-178441

Number of Medical Professionals Trained	361
Number of Hospital Patients Educated	552829
Number of Citizens Exposed to Health Education Messages	102725

Statement Six: Charity Statement

Hospital Charity Charges	\$12987494
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4506660	
HCI Payments	\$0		
Subtotal	\$0	\$4506660	\$-4506660
Medicaid Shortfalls	\$15499794	\$35644731	
Subtotal	\$15499794	\$40151391	\$-24651597
DSH Payments	\$7,144,914		
Subtotal	\$22644708	\$40151391	\$-17506683
Medicare Shortfalls	\$84420434	\$122363460	
Other Government Programs	\$0	\$0	
Total	\$107065142	\$162514851	\$-55449709

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$122193	\$1060142	\$-937949
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$500507	\$-500507
Other Allocations	\$47107	\$330816	\$-283709

Comments

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